



Registration Form

All information must be filled out in order for your child to be enrolled.

*before
& after*

SCHOOL AGE CARE

Check services needed

- Before School 6:30-8:45 a.m.
- After School 3:15-6 p.m.
- 12:30-6 p.m. one Wednesday a month

Elementary School Your Child Attends

Teacher's Name

Office use only
Start Date _____
Signed Contract _____
Reg. Fee Paid _____

Please Print

Child's Full Name _____ Age _____ Sex _____ Race _____ Grade Fall 2011 _____

Address _____
Street City State Zip Home Phone # _____

Birthdate _____ Siblings in Before & After School Age Care (Full Names) _____

Mother/Guardian Name _____ Cell Phone _____

Home Address _____
Street City State Zip

Home Phone # _____ Business Phone # _____ E-mail _____

Mother's Employer/School _____ Employer's/School's Address _____
Street City State Zip

Father/Guardian Name _____ Cell Phone _____

Home Address _____
Street City State Zip

Home Phone # _____ Business Phone # _____ E-mail _____

Father's Employer _____ Employer's Address _____
Street City State Zip

Person Responsible for Payment (if different from above, list address & phone): _____

In Case of Emergency (parents not available) Contact: **(Must** have at least 2 contacts)

1. Name _____ Phone # _____ Address _____
Street City State Zip

2. Name _____ Phone # _____ Address _____
Street City State Zip

Child's Physician or Source of Medical Care:

Name _____ Phone # _____ Address _____
Street City State Zip

Persons to whom Before & After School Age Care personnel may release my child other than parents:

1. Name _____ Phone # _____ Address _____
Street City State Zip

2. Name _____ Phone # _____ Address _____
Street City State Zip

If child lives in a one-parent home, does information need to be sent to an absentee parent? Yes No

Name _____ Phone # _____ Address _____

List any allergies or special conditions your child may have:

Please list any medications you child is taking, dosage & time:

List Child's Health Insurance Coverage _____ Policy # _____

A nonrefundable registration fee of \$25 is required for registration in Before & After School Age Care. Make checks payable to "Lancaster Rec", and mail this complete form and payment to 525 Fairview Avenue, Lancaster PA 17603.

Please attach an IEP or IFP for your child if applicable.

Please call Child Care Information Service at 393-4004 for more information on subsidized care.

If you have any questions, please call the Lancaster Rec at 392-2115 x138.

Contract for Before & After School Age Care

Name _____

- 1. I agree to pay in advance for each week my child is registered. I understand that payment is due the Thursday before the week service is needed. Any fee paid after Friday at 6 p.m. is subject to a \$5 late fee.
2. I understand that there is an annual non-refundable \$25 registration fee for all School Age Care programs.
3. I understand that School Age Care daily fees for 2011-2012 are \$8.50/day (\$41.50/week) for Before School, \$11.00/day (\$54/week) for After School and \$35.00/day for All Day Camp, and that there is a \$8 per day "No Show" fee for All Day Camp per child. You must sign up in advance for each All-Day Camp session. Forms will be available at your site prior to sign-up deadline.
4. I understand that billing is based on enrollment and not actual attendance. I understand I will be billed for the days my child is enrolled for, even if she/he is sick or I choose not to send my child to the program for any reason. I understand that there is no return of fees if a child is ill or fails to attend.
5. I agree to pay overtime fees of \$1/minute whenever my child is cared for before or after the program's stated hours regardless of the reason for my being early or late. I also understand that I may be asked to remove my child from the program if overtime is habitual.
6. I understand that an unpaid balance may result in denial of services. I understand that there is a \$20 charge for all returned checks and that checks are to be made payable to Lancaster Rec. I understand that it is my responsibility to keep statements, receipts or canceled checks for income tax purposes. Lancaster Rec's Federal ID number is 23-135-2353.
7. I understand that I must schedule the days that my child will attend the Before & After School Age Care program. I understand that if I send my child part-time I will specify and pay for those dates in advance. I understand that I must advise the School Age Care personnel if my plans change, in writing, with two-weeks' notice.
8. I understand that my child may not be left on school grounds without supervision. I agree to walk my child into the Before & After School Age Care Program each morning and to be sure a Before & After School Age Care staff member is present before releasing my child. I understand that staff are not prepared to accept my child until 6:30 a.m. I will sign my child in each morning and/or out each evening. Transportation home from the program will be provided by a parent or other designated person.
9. I agree to follow all parking procedures mandated by the school when I drop off and/or pick up my child(ren). I understand that failure to do so may affect my child(ren)'s enrollment in the program.
10. I understand that all forms required must be completed and on file before my child may attend. These include the registration form and this contract for services.
11. I understand that staff must release children to all parents unless a court order indicating sole custody is provided to the Children's Services office at the Lancaster Rec.
12. I understand that no medication is administered unless I fill out the medication log completely. Written instructions from a physician are required for medication administered for ten or more days, or on an as-needed basis. Only site supervisors are allowed to administer prescribed medications. All medication must be in the original prescription bottle.
13. I understand that School Age Care children go on walking and bus excursions. I agree that my child may participate in these trips.
14. The Lancaster Rec may use any photographs or video tape of me or my child(ren) for promotional purposes.
15. I give permission for my child to view PG movies.
16. I understand that I am responsible for any damages resulting from my child's actions to either Lancaster Rec or school property.
17. I agree to support and reinforce School Age Care rules and procedures that concern the health and safety of the children. If my child is in kindergarden or sixth grade, I understand that I must provide School Age Care with a current Health Appraisal for my child. I give permission for the School Age Care staff to administer basic first aid. I give my consent for School Age Care to obtain Emergency Medical Care for my child and to provide information to Emergency Medical Services and transport my child to the hospital if needed. I understand that my child(ren) may not attend School Age Care with any illness that threatens the health of other children, and that the Health Department regulations governing periods of infection are enforced. I will be asked to pick up my child from the program if he/she has a contagious illness. I understand that School Age Care is a certified child care program and that staff are mandated reporters who are required to report any evidence of suspected abuse to the County Children and Youth Agency.
18. I waive any claim for bodily injury or property damage against the School District of Lancaster, the City of Lancaster, Lancaster Township and the Lancaster Rec while my child is a participant in a Lancaster Rec program at any location.
19. I understand that I need to give written permission allowing staff to release my child to any individual other than the parent/guardian or those persons listed on this registration form.
20. In accordance with applicable Federal and State civil rights laws and regulatory requirements, you and your children, as clients of the Lancaster Rec, have the right:
-To be provided services by Lancaster Rec and to be referred for services at other facilities without regard to your race, color, religious creed, disability, ancestry, national origin, age or sex.
-Program services shall be made accessible to persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to equipment redesign, the provision of aids, and the use of alternative services delivery locations. Structural modifications shall be considered only as a last resort among available methods.
-If you feel you have been discriminated against on the basis of your race, color religious creed, disability, ancestry, national origin, age or sex, complaints of discrimination may be filed with any of the following:
Department of Public Welfare U.S. Dept. of Health & Human Serv. PA Human Relations Comm. Bureau of Equal Opportunity
Bureau of Equal Opportunity Office of Civil Rights Harrisburg Regional Office Central Regional Office
Room 521, Health & Welfare Bldg. Suite 372, Public Ledger Bldg. Riverfront Office Center Cameron & Maclay Street
P.O. Box 2675 150 S. Independence Mall West 1101 S. Front St., 5th Floor Bldg. 56, Patton House
Harrisburg, PA 17105 Philadelphia, PA 19106-9111 Harrisburg, PA 17104 Harrisburg, PA 17106-1260
21. I understand that I may be asked to withdraw my child if his/her behavior patterns threaten his/her own health and safety or the health and safety of other children. The established discipline procedure will be followed, but severe infractions of the rules may result in immediate dismissal from the program.
22. I will notify the Before & After School Age Care office at Lancaster Rec of any change on the Registration Form and will verify by signature that all information is correct in 1/2012.
23. In order to provide clients equal access to programs and services the Lancaster Recreation Commission will provide any person or persons Limited English Proficiency (LEP) competent, free language assistance services. These services include, but are not limited to, interpreter services, sign language and any other means necessary to provide fair and equal access to services.
24. I understand that if my CCIS funding is discontinued I am responsible to pay the entire fee.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____ Lancaster Rec Signature _____ Date _____

Please sign after January 2012 Review
I have reviewed my child's registration form and made any necessary corrections.
Parent/Guardian Signature _____ Date _____